| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| EASTERN DISTRICT OF MICHIGAN                    |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |   |   |  |  |
|-----|---|---|---|--|--|
|     |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1.  | Your full name  |   |   |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | <b>Zena</b> First name                          | First name                                    |  |  |
|     | license or passport).   | Middle name                                     | Middle name                                   |  |  |
|     | Bring your picture identification to your meeting with the trustee.   | Nistor Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.                           | FKA Zena Assaf<br>FKA Izdehar Assaf             |   |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2856                                     |   |  |  |

Debtor 1 Zena Nistor Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 4925 Surrey Dr  | If Debtor 2 lives at a different address:  |
|    |  | Sterling Heights, MI 48310  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Macomb  |  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

| Deb | otor 1 Zena Nistor  |   |  |   | Case number (if known)  |  |  |
|-----|---|---|--|---|---|--|--|
|     |   |   |  |   |   |  |  |
| Par | Tell the Court About  | our Bankruptcy  | Case                                   |   |   |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |   |   |  |  |
|     | choosing to the under   | Chapter 7   |  |   |   |  |  |
|     |   | ☐ Chapter 11  |  |   |   |  |  |
|     |   | ☐ Chapter 12  |  |   |   |  |  |
|     |   | ☐ Chapter 13  |  |   |   |  |  |
| 8.  | How you will pay the fee  | about how order. If yo  | you may pay. Typ                       | pically, if you are paying the fe                         | check with the clerk's office in your local<br>se yourself, you may pay with cash, cash<br>behalf, your attorney may pay with a cre   | ier's check, or money                              |  |
|     |   |   |  | stallments. If you choose this its (Official Form 103A).  | option, sign and attach the Application for   | or Individuals to Pay                              |  |
|     |   | J   |  | ,   | option only if you are filing for Chapter 7.  | Bv law. a judge mav.                               |  |
|     |   | but is not r<br>applies to  | equired to, waive your family size a   | your fee, and may do so only nd you are unable to pay the | if your income is less than 150% of the office in installments). If you choose this op<br>Official Form 103B) and file it with your p | official poverty line that tion, you must fill out |  |
| 9.  | Have you filed for  | ■ No.   |  |   |   |  |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes.  |  |   |   |  |  |
|     |   | Distri  | ct                                     | When  | Case number   |  |  |
|     |   | Distri  | ct                                     | When  | Case number   |  |  |
|     |   | Distri  | ct                                     | When  | Case number   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |  |   |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |  |   |   |  |  |
|     |   | Debto   | or                                     |   | Relationship to you   |  |  |
|     |   | Distri  | ct                                     | When  | Case number, if knowr   | ı  |  |
|     |   | Debto   | or                                     |   | Relationship to you   |  |  |
|     |   | Distri  | ct                                     | When  | Case number, if knowr   |  |  |
| 11. | Do you rent your  | ■ No. Go t  | o line 12.                             |   |   |  |  |
|     | residence?  |   | your landlord obt                      | ained an eviction judgment ag                             | gainst you?   |  |  |
|     |   |   | No. Go to line                         | , -   | · ,   |  |  |
|     |   | _   | Yes. Fill out <i>Ir</i> this bankrupto |   | tion Judgment Against You (Form 101A)   | and file it as part of                             |  |
|     |   |   |  | <b>, , , , , , , , , , , , , , , , , , , </b>             |   |  |  |
|     |   |   |  |   |   |  |  |

page 3

| of                   | Report About Any Bu   | sinesses               | You Own  |                                      |   |  |  |
|----------------------|---|------------------------|--|--------------------------------------|---|--|--|
| 12. Ar<br>of         |   | sinesses               | You Own  | 0.1.0                                |   |  |  |
| of                   | re you a sole proprietor  |                        |  | as a Sole Propriet                   | or  |  |  |
|                      | any full- or part-time usiness?   | ■ No.                  | Go to  | Part 4.                              |   |  |  |
|                      |   | ☐ Yes.                 | Name   | and location of bus                  | iness   |  |  |
| bu<br>an<br>se<br>as | sole proprietorship is a usiness you operate as a individual, and is not a eparate legal entity such a corporation, artnership, or LLC. |                        | Name   | e of business, if any                |   |  |  |
| If y                 | you have more than one ple proprietorship, use a eparate sheet and attach   |                        | Numb   | er, Street, City, Stat               | e & ZIP Code  |  |  |
|                      | to this petition.   |                        | Checi  | k the appropriate bo                 | x to describe your business:  |  |  |
|                      |   |                        |  | Health Care Busin                    | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|                      |   |                        |  | Single Asset Real                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|                      |   |                        |  | Stockbroker (as d                    | efined in 11 U.S.C. § 101(53A))   |  |  |
|                      |   |                        |  | Commodity Broke                      | r (as defined in 11 U.S.C. § 101(6))  |  |  |
|                      |   |                        |  | None of the above                    |   |  |  |
| Cł<br>Ba<br>yo       | re you filing under<br>hapter 11 of the<br>ankruptcy Code and are<br>ou a <i>small busin</i> ess<br>ebtor?                              | deadlines<br>operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |                                      |   |  |  |
|                      | or a definition of small  | ■ No.                  | I am not filing under Chapter 11.  |                                      |   |  |  |
|                      | usiness debtor, see 11<br>.S.C. § 101(51D).   | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |                                      |   |  |  |
|                      |   | ☐ Yes.                 | I am f   | iling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Part 4:              | Report if You Own or  | Have Anv               | Hazardo  | ous Property or An                   | y Property That Needs Immediate Attention   |  |  |
| 14. Do               | o you own or have any   | ■ No.                  |  |                                      |   |  |  |
| all<br>of            | roperty that poses or is<br>leged to pose a threat<br>imminent and<br>lentifiable hazard to   | ☐ Yes.                 | What is  | the hazard?                          |   |  |  |
| Oı<br>pr             | ublic health or safety?<br>r do you own any<br>operty that needs<br>nmediate attention?   |                        |  | liate attention is why is it needed? |   |  |  |
| pe<br>liv<br>or      | or example, do you own<br>erishable goods, or<br>vestock that must be fed,<br>r a building that needs<br>rgent repairs?                 |                        | Where is   | s the property?                      |   |  |  |
|                      |   |                        |  |                                      | Number, Street, City, State & Zip Code  |  |  |
|                      |   |                        |  |                                      |   |  |  |

Debtor 1 Zena Nistor

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Zena Nistor   |   |  | Case number   | (if known)  |  |  |  |  |
|-----|--|---|--|---|---|--|--|--|--|
| Par | t 6: Answer These Questi   | ons for Re                                | eporting Purposes  |   |   |  |  |  |  |
| 16. | What kind of debts do you have?  | 16a.                                      |  | sumer debts? Consumer debts are definal, family, or household purpose."   | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |
|     |  |   | ☐ No. Go to line 16b.  |   |   |  |  |  |  |
|     |  |   | Yes. Go to line 17.  |   |   |  |  |  |  |
|     |  | 16b.                                      |  | ness debts? Business debts are debts t<br>nent or through the operation of the busin                                      |   |  |  |  |  |
|     |  |   | ☐ No. Go to line 16c.  |   |   |  |  |  |  |
|     |  |   | ☐ Yes. Go to line 17.  |   |   |  |  |  |  |
|     |  | 16c.                                      | State the type of debts you owe                                  | that are not consumer debts or business   | s debts   |  |  |  |  |
| 17. | Are you filing under Chapter 7?  | □ No.                                     | I am not filing under Chapter 7.                                 | Go to line 18.  |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and   | ■ Yes.                                    | are paid that funds will be availa                               | you estimate that after any exempt properable to distribute to unsecured creditors?                                       | erty is excluded and administrative expenses  |  |  |  |  |
|     | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate your assets to be worth?  How much do you estimate your liabilities to be?  7: Sign Below you |   | ■ No<br>□ Yes  |   |   |  |  |  |  |
| 18. | -  | ■ 1-49<br>□ 50-99<br>□ 100-19<br>□ 200-99 |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |  |
| 19. | -  | <b>=</b> \$100,0                          | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| 20. | ,  | \$100,0                                   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
| Par | t 7: Sign Below  | ,   |  |   |   |  |  |  |  |
| For | you  | I have exa                                | amined this petition, and I declar                               | e under penalty of perjury that the inform  | nation provided is true and correct.  |  |  |  |  |
|     |  |   |  | am aware that I may proceed, if eligible,<br>of available under each chapter, and I cho                                   |   |  |  |  |  |
|     |  |   |  | pay or agree to pay someone who is not otice required by 11 U.S.C. § 342(b).  | an attorney to help me fill out this  |  |  |  |  |
|     |  | I request                                 | relief in accordance with the cha                                | pter of title 11, United States Code, spec  | ified in this petition.   |  |  |  |  |
|     |  |   | cy case can result in fines up to \$                             | oncealing property, or obtaining money or<br>\$250,000, or imprisonment for up to 20 years.                               | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,                                     |  |  |  |  |
|     |  | Zena Ni                                   |  | Signature of Debtor   | 2   |  |  |  |  |
|     |  | Executed                                  | on June 13, 2019<br>MM / DD / YYYY                               | Executed on MM  | / DD / YYYY   |  |  |  |  |

| Debtor 1 | Zena Nistor | Case number (if known) |  |
|----------|-------------|------------------------|--|
|          |             |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas      | s M. Hensel, Jr.       | Date          | June 13, 2019           |
|-----------------|------------------------|---------------|-------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY          |
| Thomas M        | . Hensel, Jr. P60469   |               |                         |
|                 | w Office, PLLC         |               |                         |
| Firm name       | . I B. 0. 440          |               |                         |
|                 | uindre Rd., Ste. 410   |               |                         |
|                 | eights, MI 48310       |               |                         |
| Number, Street, | City, State & ZIP Code |               |                         |
| Contact phone   | (586) 939-4800         | Email address | tom@hensellawoffice.com |
| P60469 MI       |                        |               |                         |
| Par number 9 Ct | toto                   |               |                         |

Certificate Number: 15725-MIE-CC-032919813



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>June 4, 2019</u>, at <u>6:37</u> o'clock <u>PM EDT</u>, <u>Zena Nistor</u> received from <u>001 Debtorce</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Eastern District of Michigan</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 4, 2019 By: /s/Alexis Preza-Alva

Name: Alexis Preza-Alva

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| Fill    | in this infor                           | mation to identify your                              | case:   |  |              |                               |
|---------|---|--|---|--|--------------|-------------------------------|
|         | tor 1                                   | Zena Nistor  |   |  |              |                               |
| Doh     | tor 2                                   | First Name   | Middle Name   | Last Name  |              |                               |
|         | use if, filing)                         | First Name   | Middle Name   | Last Name  |              |                               |
| Unit    | ed States Ba                            | ankruptcy Court for the:                             | EASTERN DISTRICT O  | F MICHIGAN   |              |                               |
|         | e number                                |  |   |  |              |                               |
| (if kno | own)                                    |  |   |  | _            | c if this is an<br>ded filing |
|         |   |  |   |  |              | · ·                           |
| Off     | icial Fo                                | rm 106Sum  |   |  |              |                               |
|         |   |  |   | nd Certain Statistical Information   |              | 12/15                         |
| infor   | mation. Fill                            | out all of your schedul                              | es first; then complete th                                | are filing together, both are equally responsible to information on this form. If you are filing amend |              |                               |
|         |   | ms, you must fill out a                              | new <i>Summary</i> and check                              | the box at the top of this page.   |              |                               |
| Part    | 1: Sumn                                 | narize Your Assets                                   |   |  |              |                               |
|         |   |  |   |  | Your a       | ssets<br>of what you own      |
| 1.      | Schedule /                              | <b>A/B: Property</b> (Official F                     | orm 106A/B)   |  |              |                               |
|         | 1a. Copy li                             | ne 55, Total real estate, f                          | rom Schedule A/B  |  | \$           | 215,000.00                    |
|         | 1b. Copy lin                            | ne 62, Total personal pro                            | perty, from Schedule A/B                                  |  | \$           | 8,430.00                      |
|         | 1c. Copy lin                            | ne 63, Total of all propert                          | y on Schedule A/B   |  | \$           | 223,430.00                    |
| Part    | 2: Sumn                                 | narize Your Liabilities                              |   |  |              |                               |
|         |   |  |   |  |              | <b>abilities</b><br>t you owe |
| 2.      |   |  | laims Secured by Property<br>mn A, Amount of claim, at    | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>                        | \$           | 200,695.00                    |
| 3.      |   |  | Unsecured Claims (Official 1 (priority unsecured claim    | I Form 106E/F) s) from line 6e of Schedule E/F   | \$           | 0.00                          |
|         | 3b. Copy t                              | he total claims from Part                            | 2 (nonpriority unsecured cl                               | laims) from line 6j of Schedule E/F  | \$           | 39,080.92                     |
|         |   |  |   | Your total liabilities   | \$ \$        | 239,775.92                    |
| Part    | 3: Sumn                                 | narize Your Income and                               | I Expenses  |  |              |                               |
| 4.      |   | Your Income (Official Focombined monthly incom       |   | <i>I</i>   | \$           | 5,003.43                      |
| 5.      |   | : Your Expenses (Officia<br>monthly expenses from li |   |  | \$           | 4,974.42                      |
| Part    | 4: Answ                                 | er These Questions for                               | Administrative and Stati                                  | stical Records   |              |                               |
| 6.      | •                                       |  | er Chapters 7, 11, or 13?<br>on this part of the form. Cl | heck this box and submit this form to the court with yo  | our other sc | nedules.                      |
| 7.      | <ul><li>Yes</li><li>What kind</li></ul> | of debt do you have?                                 |   |  |              |                               |
|         | Your                                    | debts are primarily con                              | sumer debts. Consumer o                                   | debts are those "incurred by an individual primarily for   | · a personal | , family, or                  |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,041.63

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| Fill in this infor  | rmation to identif                                   | y your case and th                              | is filin               | q:   |   |           |   |
|---|--|---|------------------------|--|---|-----------|---|
| Debtor 1  | Zena Nisto   |   |                        |  |   |           |   |
| 20000.  | First Name   |   | Name                   | Last Name  |   |           |   |
| Debtor 2<br>(Spouse, if filing)                                 | First Name   | Middle  | Name                   | Last Name  |   |           |   |
| United States B   | ankruptcy Court fo                                   | or the: EASTERN                                 | DISTR                  | ICT OF MICHIGAN  |   |           |   |
| Case number   |  |   |                        |  |   |           | Check if this is an                           |
|   |  |   |                        |  |   | _         | amended filing                                |
|   |  |   |                        |  |   |           |   |
| Official Fo   | orm 106A/I   | 3   |                        |  |   |           |   |
| Schedu  | le A/B: P  | roperty   |                        |  |   |           | 12/15   |
| think it fits best. I<br>information. If mo<br>Answer every que | Be as complete and<br>ore space is needed<br>estion. | l accurate as possibl<br>, attach a separate sl | e. If two<br>neet to t | t only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages | equally responsible f                     | or supply | ying correct                                  |
| 1. Do you own or  | have any legal or e                                  | quitable interest in a                          | ny resid               | lence, building, land, or similar property?  |   |           |   |
| □ No. Go  | to Part 2.   |   |                        |  |   |           |   |
| _   | Where is the property                                | ?   |                        |  |   |           |   |
|   | ,  |   |                        |  |   |           |   |
|   |  |   |                        |  |   |           |   |
| 1.1   | D-   |   | Wha                    | t is the property? Check all that apply  |   |           |   |
| 4925 Sur  | rey Dr<br>s, if available, or other de               | escription                                      |                        | Single-family home   | Do not deduct secure the amount of any se |           |   |
| On our address.   | s, ii avallable, or other ac                         | oscinpuon                                       |                        | Duplex or multi-unit building  Condominium or cooperative  | Creditors Who Have                        |           |   |
|   |  |   |                        | Condomination of cooperative   |   |           |   |
|   |  |   |                        | Manufactured or mobile home  | Current value of the                      | e C       | urrent value of the                           |
| Sterling I  |  | 48310-0000                                      |                        |  | entire property?                          | •         | ortion you own?                               |
| City  | State  | ZIP Code  |                        | , , ,  | \$215,000.0                               |           | \$215,000.00                                  |
|   |  |   |                        | Other  | (such as fee simple                       | e, tenanc | ownership interest<br>y by the entireties, or |
|   |  |   | Who                    | has an interest in the property? Check one   | a life estate), if kno<br>Fee simple      | wn.       |   |
| Macomb  |  |   | _                      | Debtor 1 only  Debtor 2 only   | Tee Simple                                |           |   |
| County  |  |   |                        | 2 02 101 2 0111)   | Observation to the design to              |           |   |
|   |  |   |                        | At least one of the debtors and another  | Check if this is (see instructions)       | commu     | nity property                                 |
|   |  |   |                        | r information you wish to add about this ite<br>erty identification number:  | m, such as local                          |           |   |
|   |  |   | prop                   | erty identification number:  |   |           |   |
|   |  |   |                        |  |   |           |   |
|   |  |   |                        |  |   |           |   |
|   |  |   |                        | your entries from Part 1, including any<br>er here   |   |           | \$215,000.00                                  |
| 1.0   |  |   |                        |  | L   |           |   |
| Part 2: Describe  | e Your Vehicles                                      |   |                        |  |   |           |   |
|   |  |   |                        | iny vehicles, whether they are registers<br>Schedule G: Executory Contracts and Uni  |   | ny vehic  | les you own that                              |
| 3. Cars, vans, t  | rucks, tractors, s                                   | port utility vehicle                            | s, moto                | orcycles   |   |           |   |
| ■ No  |  |   |                        |  |   |           |   |
| □ Yes   |  |   |                        |  |   |           |   |
|   |  |   |                        |  |   |           |   |

Official Form 106A/B Schedule A/B: Property page 1

| Deb | otor 1                     | Zena Nistor  | Case number (   | ïf known)   |
|-----|----------------------------|--|---|---|
|     |                            |  | or homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | es  |
|     | No                         |  |   |   |
|     | ] Yes                      |  |   |   |
|     |                            |  |   |   |
|     |                            |  | the portion you own for all of your entries from Part 2, including any entries fo<br>d for Part 2. Write that number here   |   |
| Par | t 3: De                    | scribe Your Persor   | nal and Household Items   |   |
| Do  | you ow                     | vn or have any le  | egal or equitable interest in any of the following items?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| [   | <i>Exampl</i><br>⊒ No<br>= |  | urnishings<br>ces, furniture, linens, china, kitchenware  |   |
| ı   | Yes.                       | Describe   |   |   |
|     |                            |  | misc. used furniture, etc.  | \$2,500.00  |
| [   | □ No                       | les: Televisions an  | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners<br>phones, cameras, media players, games                                    | ; music collections; electronic devices   |
|     |                            |  | misc. used consumer electronics, etc.   | \$1,500.00  |
|     | Exampl<br>■ No             | •  | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta<br>ns, memorabilia, collectibles                                       | mp, coin, or baseball card collections;   |
| ı   | Exampl                     | ent for sports an<br>les: Sports, photog<br>musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;  | canoes and kayaks; carpentry tools;   |
| _   | ■ No<br>□ Yes              | Describe   |   |   |
| 10. | Firearn<br>Examp<br>■ No   | ns   | , shotguns, ammunition, and related equipment   |   |
|     | □ No Î                     | oles: Everyday clo   | thes, furs, leather coats, designer wear, shoes, accessories  |   |
| •   | ■ Yes.                     | Describe   |   |   |
|     |                            |  | misc. personal clothing, etc.   | \$500.00  |
|     | □ No                       |  | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches  | , gems, gold, silver  |
|     |                            |  | misc. jewelry held for personal use, etc.   | \$2,500.00  |

Official Form 106A/B

Schedule A/B: Property

page 2

| De                                    | btor 1  | Zena Nistor  |  | Case number (if known)   |                                       |
|---------------------------------------|---|--|--|--|---------------------------------------|
|                                       |   |  |  |  |                                       |
| 13.                                   |   | m animals  |  |  |                                       |
|                                       | ■ No  | les: Dogs, cats, birds, hore   | 565  |  |                                       |
|                                       |   | Describe   |  |  |                                       |
| 11                                    | Any oth   | or paraonal and househ   | old itama you did not a  | Irondy list including any booth side you did not list  |                                       |
|                                       | No No   | ier personal and nouser  | loid items you did not a   | Iready list, including any health aids you did not list  |                                       |
|                                       |   | Give specific information  |  |  |                                       |
|                                       |   |  |  |  |                                       |
| 15.                                   | Add th  | ne dollar value of all of y  | our entries from Part 3,   | including any entries for pages you have attached  | ¢7,000,00                             |
|                                       | for Pa  | rt 3. Write that number h  | iere   |  | \$7,000.00                            |
|                                       |   |  |  |  |                                       |
|                                       |   | cribe Your Financial Assets  |  | of the fellowing   | Occurred control of the               |
| ро                                    | you ow  | n or have any legal or e   | quitable interest in any o   | of the following?  | Current value of the portion you own? |
|                                       |   |  |  |  | Do not deduct secured                 |
|                                       |   |  |  |  | claims or exemptions.                 |
| 16.                                   | Cash  | les: Money you have in yo  | our wallet in your home i  | n a safe deposit box, and on hand when you file your petit   | ion                                   |
| ı                                     | ■ No  | cs. Money you have in ye   | di wanet, ili your nome, il  | in a said deposit box, and of fiand when you life your petit   | ion                                   |
|                                       |   |  |  |  |                                       |
|                                       |   | s of money   |  |  |                                       |
| 17.                                   |   | <i>les:</i> Checking, savings, or  |  | certificates of deposit; shares in credit unions, brokerage  | houses, and other similar             |
|                                       | □ No  | institutions. If you have  | e multiple accounts with   | the same institution, list each.   |                                       |
|                                       |   |  |  | Institution name:  |                                       |
|                                       | _ 100   |  |  | Michigan Schools and Government Credit   |                                       |
|                                       |   | 17.1.  |  | Union  | \$400.00                              |
|                                       |   |  |  |  |                                       |
|                                       |   | 17.0   | Pre-paid debit card  | IIS Bank   | \$30.00                               |
|                                       |   | 17.2.  |  | - CO Balik   | Ψ50.00                                |
| 10                                    | Ronde   | mutual funds, or public  | ly traded stocks   |  |                                       |
| 10.                                   |   |  |  |  |                                       |
| - 1                                   | No  |  |  | ge firms, money market accounts  |                                       |
|                                       |   |  |  | •  |                                       |
| I                                     | ☐ Yes   |  | Institution or issuer name   | •  |                                       |
|                                       | Non-pu  | blicly traded stock and i  | Institution or issuer name   | •  | st in an LLC, partnership, and        |
| 19.                                   | Non-pu<br>joint ve  | blicly traded stock and i  | Institution or issuer name   | :<br>:   | st in an LLC, partnership, and        |
| 19.<br>I                              | Non-pu<br>joint ve<br>■ No                                    | blicly traded stock and i<br>enture  | Institution or issuer name   | :<br>:   | st in an LLC, partnership, and        |
| 19.<br>I                              | Non-pu<br>joint ve<br>■ No                                    | blicly traded stock and inture Give specific information a   | Institution or issuer name   | :<br>:   | st in an LLC, partnership, and        |
| 19.<br> <br>                          | Non-pu<br>joint ve<br>■ No<br>□ Yes.                          | blicly traded stock and i<br>enture<br>Give specific information a<br>Nan  | Institution or issuer name interests in incorporated about them  | d and unincorporated businesses, including an interest % of ownership:   | st in an LLC, partnership, and        |
| 19.<br> <br>                          | Non-pu<br>joint ve<br>■ No<br>□ Yes.<br>Govern<br>Negotia     | blicly traded stock and intenture  Give specific information and Nanument and corporate bonable instruments include p  | Institution or issuer name interests in incorporated about themne of entity:  Indeed and other negotiable ersonal checks, cashiers   | d and unincorporated businesses, including an interest % of ownership: e and non-negotiable instruments checks, promissory notes, and money orders.  | st in an LLC, partnership, and        |
| 19.<br> <br> <br> <br> <br> <br>      | Non-pu<br>joint ve<br>No<br>Yes.  Govern<br>Negotia<br>Non-ne | blicly traded stock and intenture  Give specific information and Nanument and corporate bonable instruments include p  | Institution or issuer name interests in incorporated about themne of entity:  Indeed and other negotiable ersonal checks, cashiers   | d and unincorporated businesses, including an interes % of ownership:  | st in an LLC, partnership, and        |
| 19.<br> <br> <br> <br> <br> <br> <br> | Non-pui<br>joint ve<br>No<br>Yes.                             | blicly traded stock and intenture  Give specific information and Nanoment and corporate borouble instruments are together the struments are together the str | Institution or issuer name interests in incorporated about themne of entity:  Inds and other negotiable ersonal checks, cashiers' those you cannot transfer                      | d and unincorporated businesses, including an interest % of ownership: e and non-negotiable instruments checks, promissory notes, and money orders.  | st in an LLC, partnership, and        |
| 19.<br> <br> <br> <br> <br> <br> <br> | Non-pui<br>joint ve<br>No<br>Yes.                             | blicly traded stock and intenture  Give specific information and corporate born able instruments include proportional instruments are to the specific information and corporation and corporate born able instruments.   | Institution or issuer name interests in incorporated about themne of entity:  Inds and other negotiable ersonal checks, cashiers' those you cannot transfer                      | d and unincorporated businesses, including an interest % of ownership: e and non-negotiable instruments checks, promissory notes, and money orders.  | st in an LLC, partnership, and        |
| 19.<br> <br>  20.                     | Non-pu joint ve No Yes.  Govern Negotia Non-ne No Yes. (      | blicly traded stock and intenture  Give specific information and corporate bornable instruments include progotiable instruments are to the specific information and lissue.  | Institution or issuer name interests in incorporated about themne of entity:  Index and other negotiable ersonal checks, cashiers' hose you cannot transfer about them ter name: | d and unincorporated businesses, including an interest % of ownership: e and non-negotiable instruments checks, promissory notes, and money orders.  | st in an LLC, partnership, and        |
| 19.<br> <br>  20.                     | Non-pu joint ve No Yes.  Govern Negotia Non-ne No Yes. C      | blicly traded stock and intenture  Give specific information and corporate bornable instruments include proportional instruments are to the specific information and lessurement or pension account  | Institution or issuer name interests in incorporated about themne of entity:  Inds and other negotiable ersonal checks, cashiers' those you cannot transfer about them her name: | d and unincorporated businesses, including an interest % of ownership: e and non-negotiable instruments checks, promissory notes, and money orders.  |                                       |
| 19.<br> <br>  20.<br>   <br>  21.     | Non-pu joint ve No Yes.  Govern Negotia Non-ne No Yes. C      | blicly traded stock and intenture  Give specific information and corporate bornable instruments include proportional instruments are to the specific information and lessurement or pension account  | Institution or issuer name interests in incorporated about themne of entity:  Inds and other negotiable ersonal checks, cashiers' those you cannot transfer about them her name: | d and unincorporated businesses, including an interest % of ownership:  e and non-negotiable instruments c checks, promissory notes, and money orders. to someone by signing or delivering them. |                                       |
| 19.<br>20.<br>21.                     | Non-pu joint ve No Yes.  Govern Negotia Non-ne No Yes. C      | blicly traded stock and intenture  Give specific information and corporate born able instruments include progotiable instruments are to the specific information and less. Interests in IRA, ERIST.  | Institution or issuer name interests in incorporated about them  | d and unincorporated businesses, including an interest % of ownership:  e and non-negotiable instruments c checks, promissory notes, and money orders. to someone by signing or delivering them. |                                       |

Official Form 106A/B Schedule A/B: Property page 3

| De  | ו וטוטו           | Zena mistor  |  | Ca                          | se Hullibel (II kriowii)   |   |
|-----|-------------------|--|--|-----------------------------|----------------------------|---|
| 22. | Your sh<br>Exampl |  | nave made so that you may cont<br>prepaid rent, public utilities (elec |                             |                            | or others   |
|     | ■ No<br>□ Yes     |  | Institution na   | ame or individual:          |                            |   |
| 23. | _                 | es (A contract for a periodic pay  | ment of money to you, either for                                       | life or for a number of ye  | ears)                      |   |
|     | ■ No<br>□ Yes     | lssuer name and  | description.   |                             |                            |   |
| 24. |                   | s in an education IRA, in an ac<br>. §§ 530(b)(1), 529A(b), and 52                     | count in a qualified ABLE pro  | gram, or under a qualit     | fied state tuition progra  | m.  |
|     | ■ No              |  |  |                             |                            |   |
|     | ☐ Yes             | Institution name a   | nd description. Separately file th                                     | e records of any interest   | s.11 U.S.C. § 521(c):      |   |
| 25. | Trusts,  ■ No     | equitable or future interests in   | n property (other than anything  | g listed in line 1), and r  | ights or powers exercis    | sable for your benefit  |
|     |                   | Give specific information about  | hem  |                             |                            |   |
|     |                   |  | e secrets, and other intellectu<br>sites, proceeds from royalties an   |                             |                            |   |
|     | ☐ Yes. (          | Give specific information about  | hem  |                             |                            |   |
|     | Exampl            | es, franchises, and other gene<br>les: Building permits, exclusive l                   | ral intangibles<br>censes, cooperative association                     | holdings, liquor license    | s, professional licenses   |   |
|     | ■ No<br>□ Yes. (  | Give specific information about  | hem  |                             |                            |   |
| М   | oney or p         | property owed to you?  |  |                             |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No              | unds owed to you   | nem, including whether you alrea                                       | ady filed the returns and   | the tax years              |   |
|     |                   |  | ,  | ,                           | <b>,</b>                   |   |
|     |                   |  | anticipated tax refunds (  | files jointly with          | Federal, State             | \$1,000.00  |
|     | ■ No              |  | ny, spousal support, child suppo                                       | rt, maintenance, divorce    | e settlement, property set | tlement   |
|     | Example ■ No      | mounts someone owes you les: Unpaid wages, disability ins benefits; unpaid loans you r | urance payments, disability bene<br>nade to someone else               | efits, sick pay, vacation p | oay, workers' compensat    | ion, Social Security  |
| 31. | _Exampl           | ts in insurance policies<br>les: Health, disability, or life insu                      | rance; health savings account (H                                       | HSA); credit, homeowne      | r's, or renter's insurance |   |
|     | ■ No              | Name the incurence company of  | and policy and list its value  |                             |                            |   |
|     | □ res.N           | Name the insurance company of<br>Company   |  | Beneficiary:                |                            | Surrender or refund   |

Official Form 106A/B Schedule A/B: Property page 4

| De  | btor 1         | Zena Nistor        | Case number (if known)  |   |
|-----|----------------|--------------------|---|---|
| 32. | If you a       |                    | y that is due you from someone who has died<br>y of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rece | ive property because  |
|     | ■ No<br>□ Yes. | Give specific info | ormation  |   |
| 33. |                |                    | arties, whether or not you have filed a lawsuit or made a demand for payment mployment disputes, insurance claims, or rights to sue                 |   |
|     | ■ No<br>□ Yes. | Describe each cl   | aim   |   |
|     | Other o        | contingent and u   | inliquidated claims of every nature, including counterclaims of the debtor and rights to  | set off claims  |
| ı   | ☐ Yes.         | Describe each cl   | aim   |   |
|     | Any fin        | nancial assets yo  | ou did not already list   |   |
| ı   | ☐ Yes.         | Give specific info | ormation  |   |
| 36. |                |                    | of all of your entries from Part 4, including any entries for pages you have attached number here   | \$1,430.00  |
| Par | t 5: Des       | scribe Any Busine  | ss-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |   |
| 37. | Do you c       | own or have any le | gal or equitable interest in any business-related property?   |   |
| _   | _              | to Part 6.         |   |   |
| L   | J Yes. G       | Go to line 38.     |   |   |
|     |                |                    |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accou          | nts receivable or  | commissions you already earned  |   |
|     | □ No<br>□ Yes. | Describe           |   |   |
|     |                |                    |   |   |
| 39. | _              |                    | shings, and supplies ated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks,                                    | chairs, electronic devices  |
|     | □ No<br>□ Yes. | Describe           |   |   |
|     |                |                    |   |   |
| 10. | Machin         | nery, fixtures, eq | uipment, supplies you use in business, and tools of your trade  |   |
|     | □ No<br>□ Yes. | Describe           |   |   |
|     |                |                    |   |   |
| 41. | Invent         | ory                |   |   |
|     | □ No<br>□ Yes. | Describe           |   |   |
|     |                |                    |   |   |
| 12. | Interes        | sts in partnership | os or joint ventures  |   |
| ı   | □ No           |                    |   |   |

Official Form 106A/B

page 5

Schedule A/B: Property

| Debtor 1                   | Zena Nistor                        |  | Case number (if known) |   |
|----------------------------|------------------------------------|--|------------------------|---|
| ☐ Yes.                     | Give specific informa              | ation about them  Name of entity:  | % of ownership:        |   |
| ☐ No.                      | _                                  | ts, or other compilations ally identifiable information (as defined in 11 U.S.C. § 101(41A))?          |                        |   |
| _ 50,0                     | ar note morade percent             |  |                        |   |
|                            | □ No<br>□ Yes. Describe            |  |                        |   |
|                            |                                    |  |                        |   |
| 44. <b>Any b</b> u         | usiness-related prop               | erty you did not already list  |                        |   |
| □ No<br>□ Yes.             | Give specific informa              | ition  |                        |   |
|                            |                                    | Il of your entries from Part 5, including any entries for pages  |                        |   |
| TOT P                      | art 5. Write that hum              | ber here   |                        |   |
|                            |                                    | Commercial Fishing-Related Property You Own or Have an Interest In est in farmland, list it in Part 1. | 1.                     |   |
| ■ No.                      | Go to Part 7.                      | egal or equitable interest in any farm- or commercial fishing-   | related property?      |   |
| ⊔ Yes                      | i. Go to line 47.                  |  |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. <b>Farm a</b><br>Examp | nnimals<br>ples: Livestock, poultr | y, farm-raised fish  |                        |   |
| □ No<br>□ Yes              |                                    |  |                        |   |
|                            |                                    |  |                        |   |
| 48. Crops-                 | either growing or                  | harvested  |                        |   |
| □ No<br>□ Yes.             | Give specific informa              | tion   |                        |   |
|                            |                                    |  |                        |   |
| 49. <b>Farm</b> a          | and fishing equipme                | nt, implements, machinery, fixtures, and tools of trade  |                        |   |
| □ No<br>□ Yes.             |                                    |  |                        |   |
|                            |                                    |  |                        |   |
| 50. <b>Farm</b> a          | and fishing supplies               | , chemicals, and feed  |                        |   |
| □ No<br>□ Yes              |                                    |  |                        |   |
| 0": : -                    | 1004/5                             | 0.1.1.1.1.5  |                        |   |
| Official For               | m 106A/B                           | Schedule A/B: Property   |                        | page 6  |

| Deb              | tor 1 Zena Nistor   |                    | Case number (if known)     |                        |
|------------------|---|--------------------|----------------------------|------------------------|
| 51.              | Any farm- and commercial fishing-related property you did not a   | already list       |                            |                        |
| г                | ] No  |                    |                            |                        |
|                  | Yes. Give specific information  |                    |                            |                        |
|                  |   |                    |                            |                        |
|                  |   |                    |                            |                        |
| 52.              | Add the dollar value of all of your entries from Part 6, including for Part 6. Write that number here               |                    |                            |                        |
| Part             | 7: Describe All Property You Own or Have an Interest in That You  | Did Not List Above |                            |                        |
| 53.              | Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership | •                  |                            |                        |
|                  | No  |                    |                            |                        |
|                  | Yes. Give specific information  |                    |                            |                        |
| 54               | Add the dollar value of all of your entries from Part 7. Write tha  | at number here     | Γ                          | \$0.00                 |
| J <del>4</del> . | Add the donar value of all of your entries from Fart 1. Write the   | at mumber nere     |                            | φυ.υυ                  |
| Part             | 8: List the Totals of Each Part of this Form  |                    |                            |                        |
| 55.              | Part 1: Total real estate, line 2   |                    |                            | \$215,000.00           |
| 56.              | Part 2: Total vehicles, line 5  | \$0.00             |                            |                        |
| 57.              | Part 3: Total personal and household items, line 15   | \$7,000.00         |                            |                        |
| 58.              | Part 4: Total financial assets, line 36   | \$1,430.00         |                            |                        |
| 59.              | Part 5: Total business-related property, line 45  | \$0.00             |                            |                        |
| 60.              | Part 6: Total farm- and fishing-related property, line 52   | \$0.00             |                            |                        |
| 61.              | Part 7: Total other property not listed, line 54 +  | \$0.00             |                            |                        |
| 62.              | Total personal property. Add lines 56 through 61  | \$8,430.00         | Copy personal property tot | stal <b>\$8,430.00</b> |
| 63.              | Total of all property on Schedule A/B. Add line 55 + line 62  |                    |                            | \$223,430.00           |

| Fill in this infor  | mation to identify your  | case:              |             |                       |
|---------------------|--------------------------|--------------------|-------------|-----------------------|
| Debtor 1            | Zena Nistor              |                    |             |                       |
|                     | First Name               | Middle Name        | Last Name   |                       |
| Debtor 2            |                          |                    |             |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |                       |
|                     | ankruptcy Court for the: | EASTERN DISTRICT C | PF MICHIGAN |                       |
| Case number         |                          |                    |             |                       |
| (if known)          |                          |                    |             | ☐ Check if this is an |
|                     |                          |                    |             | amended filing        |

# Official Form 106C

# Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | s Exempt |
|---------|----------|---------|-----------|----------|----------|
|---------|----------|---------|-----------|----------|----------|

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |  |     |   |                                    |  |  |  |  |
|----|--|--|-----|---|------------------------------------|--|--|--|--|
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)   |     |   |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A/E  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |     |   |                                    |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own   | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |  |  |  |  |
|    | 4925 Surrey Dr Sterling Heights, MI<br>48310 Macomb County                             | \$215,000.00   |     | \$14,305.00   | 11 U.S.C. § 522(d)(1)              |  |  |  |  |
|    | Line from Schedule A/B: 1.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | misc. used furniture, etc. Line from Schedule A/B: 6.1                                 | \$2,500.00   |     | \$2,500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|    | Line Irom Scriedule Arb. 6.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | misc. used consumer electronics, etc.  | \$1,500.00   |     | \$1,500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|    | Line from Schedule A/B: 7.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | misc. personal clothing, etc.  | \$500.00   |     | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|    | Line Ironi Scriedule Arb. 11.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | misc. jewelry held for personal use, etc.  | \$2,500.00   |     | \$1,700.00  | 11 U.S.C. § 522(d)(4)              |  |  |  |  |
|    | Line from Schedule A/B: 12.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

|  | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |  |
|--|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|--|
|  |  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |  |
|  | misc. jewelry held for personal use, etc.  | \$2,500.00                           |                                   | \$800.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|  | Line from Schedule A/B: 12.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Michigan Schools and Government Credit Union |  | \$400.00                             |                                   | \$400.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|  | Line from Schedule A/B: 17.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | Pre-paid debit card: US Bank Line from Schedule A/B: 17.2  | \$30.00                              |                                   | \$30.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|  | Line IIIIII Schedule A/B. 11.2   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | Federal, State: anticipated tax refunds (files jointly with husband)   | \$1,000.00                           |                                   | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|  | Line from Schedule A/B: 28.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 3.   | Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  No |                                      |                                   |   |                                    |  |  |
|  | Yes. Did you acquire the property covered  | ed by the exemption wi               | thin 1                            | 215 days before you filed this case                             | ?                                  |  |  |
|  | □ No<br>□ Yes  |                                      |                                   |   |                                    |  |  |
|  | L 163  |                                      |                                   |   |                                    |  |  |

| Fill in this informa                                      | ation to identify you                               | ır case:   |                            |  |                   |
|---|---|--|----------------------------|--|-------------------|
| Debtor 1  | Zena Nistor   |  |                            |  |                   |
| Dobtor 2  | First Name  | Middle Name Last Name  |                            |  |                   |
| Debtor 2<br>(Spouse if, filing)                           | First Name  | Middle Name Last Name  |                            |  |                   |
| United States Ban   | kruptcy Court for the:                              | EASTERN DISTRICT OF MICHIGAN   |                            |  |                   |
| Case number   |   |  |                            |  |                   |
| (if known)  |   |  |                            | ☐ Check  | if this is an     |
|   |   |  |                            | ameno  | led filing        |
| Official Form   | 106D  |  |                            |  |                   |
| -   |   | Who Have Claims Secure   | ed by Property             | <b>,</b>   | 12/15             |
| Be as complete and is needed, copy the number (if known). | accurate as possible.<br>Additional Page, fill it o | If two married people are filing together, both are cout, number the entries, and attach it to this form.  | equally responsible for su | pplying correct informa                            |                   |
|   | nave claims secured by                              |  | Vau hava nathing also t    | ranart an thia farm                                |                   |
| _   |   | nis form to the court with your other schedules.   | You have nothing else to   | report on this form.                               |                   |
|   | all of the information                              | below.   |                            |  |                   |
|   | Secured Claims                                      |  | . Column A                 | Column B   | Column C          |
| for each claim. If mo                                     | re than one creditor has                            | more than one secured claim, list the creditor separate<br>a particular claim, list the other creditors in Part 2. As<br>cal order according to the creditor's name. | ely                        | Value of collateral<br>that supports this<br>claim | Unsecured portion |
| 2.1 Wells Farg<br>Mortgage                                | o Home  | Describe the property that secures the claim:  | \$200,695.00               | \$215,000.00                                       | \$0.00            |
| Creditor's Name   |   | 4925 Surrey Dr Sterling Heights, MI<br>48310 Macomb County   |                            |  |                   |
| PO Box 10   | 335   | As of the date you file, the claim is: Check all that apply.   |                            |  |                   |
| Des Moine   | s, IA 50306   | ☐ Contingent   |                            |  |                   |
| Number, Street, 0   | City, State & Zip Code                              | Unliquidated   |                            |  |                   |
| Who owes the deb  | ot? Chack and                                       | ☐ Disputed  Nature of lien. Check all that apply.  |                            |  |                   |
| ■ Debtor 1 only   | Check one.  | ☐ An agreement you made (such as mortgage or s   | ecured                     |  |                   |
| Debtor 2 only   |   | car loan)  | ocurou                     |  |                   |
| Debtor 1 and Deb  | ntor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                            |  |                   |
| _   | e debtors and another                               | ☐ Judgment lien from a lawsuit   |                            |  |                   |
| ☐ Check if this cla<br>community deb                      | im relates to a                                     | Other (including a right to offset) Mortgage   | •                          |  |                   |
| Date debt was incu  | rred <u>2018</u>                                    | Last 4 digits of account number  |                            |  |                   |
|   |   |  |                            |  |                   |
| Add the dollar val  | ue of your entries in C                             | olumn A on this page. Write that number here:  | \$200,69                   | 5.00   |                   |
| If this is the last p<br>Write that number                |   | the dollar value totals from all pages.  | \$200,69                   |  |                   |
| Part 2: List Othe   | ers to Be Notified fo                               | r a Debt That You Already Listed   |                            |  |                   |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this  | information to identify your ca  | ase:   |  |  |   |   |
|---|--|--|--|--|---|---|
| Debtor 1  | Zena Nistor  |  |  |  |   |   |
| Debtor 2  | First Name   | Middle Name  | Last Name  |  |   |   |
| (Spouse if, filin   | ng) First Name   | Middle Name  | Last Name  |  |   |   |
| United Stat   | tes Bankruptcy Court for the:  | EASTERN DISTRIC  | T OF MICHIGAN  |  |   |   |
| Casa numb   | oor .  |  |  |  |   |   |
| Case numb<br>(if known)   | Jei  |  |  |  | ☐ Chec  | k if this is an   |
|   |  |  |  |  | amen  | ded filing  |
| Official  | Form 106E/F  |  |  |  |   |   |
|   | ıle E/F: Creditors Wh  | no Have Unse   | ecured Claims  |  |   | 12/15   |
| any executor<br>Schedule G:<br>Schedule D:<br>left. Attach the<br>name and ca | ete and accurate as possible. Use<br>ry contracts or unexpired leases the<br>Executory Contracts and Unexpir<br>Creditors Who Have Claims Secul<br>he Continuation Page to this page<br>use number (if known). | nat could result in a cl<br>ed Leases (Official Fo<br>red by Property. If mor<br>. If you have no inform | aim. Also list executory contracts<br>rm 106G). Do not include any cred<br>re space is needed, copy the Part | s on Schedule A/B: Pro<br>litors with partially sec<br>you need, fill it out, nu | operty (Official Fo<br>cured claims that<br>imber the entries | rm 106A/B) and on<br>are listed in<br>in the boxes on the |
|   | List All of Your PRIORITY Uns  |  |  |  |   |   |
| _ ′   | creditors have priority unsecured Go to Part 2.  | ciaims against you?  |  |  |   |   |
| ■ No. 0   | Go to Part 2.  |  |  |  |   |   |
| 2. List listed much   | all of your priority unsecured clair<br>d, identify what type of claim it is. If a<br>h as possible, list the claims in alpha<br>e of Part 1. If more than one creditor  | claim has both priority a<br>betical order according   | and nonpriority amounts, list that clai<br>to the creditor's name. If you have m                             | m here and show both   | oriority and nonprid  | ority amounts. As   |
| (For  | an explanation of each type of claim   | , see the instructions for   | this form in the instruction booklet.)   | Total claim  | Priority<br>amount  | Nonpriority<br>amount                                     |
| 24  |  |  |  |  | u   | umoum   |
| 2.1.  |  |  |  |  |   |   |
| Prio  | ority Creditor's Name  | Last 4 digi  | ts of account number   |  |   | _   |
|   | •  | When was   | the debt incurred?   |  |   |   |
| Nui   | mber Street City State Zip Code  | As of the d  | late you file, the claim is: Check al  | I that apply   |   |   |
| Who in  | ncurred the debt? Check one.   | Unliquid   |  |  |   |   |
| ☐ Del   | btor 1 only  | ☐ Dispute  |  |  |   |   |
|   | btor 2 only  | 21 2.2   |  |  |   |   |
|   | btor 1 and Debtor 2 only   |  |  |  |   |   |
| _   | least one of the debtors and another   | <u></u> '  | RIORITY unsecured claim:   |  |   |   |
|   | eck if this claim is for a communi   | •  | ic support obligations   |  |   |   |
|   | claim subject to offset?   |  | and certain other debts you owe the  |  |   |   |
| □ No  |  |  | for death or personal injury while you   | u were intoxicated   |   |   |
| ☐ Yes   | S  | ☐ Other. S   | Specify  |  |   | _   |
|   |  |  |  |  |   |   |
|   |  |  |  |  |   |   |
| Part 2:   | List All of Your NONPRIORITY   | <b>Unsecured Claims</b>  |  |  |   |   |
| 3. Do any   | creditors have nonpriority unsecu  | red claims against yo  | u?   |  |   |   |
| □ No. `   | You have nothing to report in this par   | t. Submit this form to th  | e court with your other schedules.   |  |   |   |
| Yes.  |  |  |  |  |   |   |
| unsecur   | of your nonpriority unsecured clai<br>red claim, list the creditor separately<br>e creditor holds a particular claim, list   | or each claim. For each  | claim listed, identify what type of claim  | aim it is. Do not list clair   | ns already include  | d in Part 1. If more                                      |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 7

Total claim

| Debtor | 1 Zena Nistor  | Case number (if known)   |            |  |  |  |  |
|--------|--|--|------------|--|--|--|--|
| 4.1    | Bank of America  | Last 4 digits of account number  | \$2,095.00 |  |  |  |  |
|        | Nonpriority Creditor's Name PO Box 982238 EI Paso, TX 79998  | When was the debt incurred? 2018   |            |  |  |  |  |
| -      | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not |            |  |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |
|        | □ Yes  | Other. Specify credit card   |            |  |  |  |  |
| 4.2    | CBNA   | Last 4 digits of account number  | \$4,634.00 |  |  |  |  |
|        | Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117  | When was the debt incurred? 2016   |            |  |  |  |  |
| -      | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |  |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                          |            |  |  |  |  |
|        | No   | □ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |
|        | ■ No □ Yes   | Other. Specify credit card   |            |  |  |  |  |
| 4.3    | Chrysler Capital   | Last 4 digits of account number  | \$414.92   |  |  |  |  |
|        | Nonpriority Creditor's Name PO Box 961275 Fort Worth, TY 76161   | When was the debt incurred? 2018   |            |  |  |  |  |
| -      | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |  |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |            |  |  |  |  |
|        | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                  |            |  |  |  |  |
|        | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |
|        | Yes  | Other. Specify deficiency balance - auto   |            |  |  |  |  |

| Citicards CBNA   | Last 4 digits of account number   | \$1,733.0 |
|--|---|-----------|
| Nonpriority Creditor's Name PO Box 6241                              | When was the debt incurred? 2007  |           |
| Sioux Falls, SD 57117  |   |           |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                                    | _   |           |
| Debtor 1 only  | Contingent  |           |
| Debtor 2 only  | Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | Disputed  |           |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community debt                        | ☐ Student loans   |           |
| debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| Yes  | Other. Specify credit card  |           |
| Comcast Cable  | Last 4 digits of account number   | \$260.0   |
| Nonpriority Creditor's Name PO Box 7500                              | When was the debt incurred?   |           |
| Southeastern, PA 19398-7500  | when was the debt incurred?   |           |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                                    |   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |           |
| debt   | Obligations arising out of a separation agreement or divorce that you did not                             |           |
| Is the claim subject to offset?                                      | report as priority claims   |           |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |           |
| Yes  | Other. Specify cable  |           |
| Comenity Capital/Gardner White Nonpriority Creditor's Name           | Last 4 digits of account number   | \$8,147.0 |
| PO Box 182120<br>Columbus, OH 43218-2120                             | When was the debt incurred? 2010  |           |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |           |
| ■ Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |           |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |           |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |           |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| ☐ Yes  | ■ Other. Specify credit card  |           |

| DSNB/Macys  | Last 4 digits of account number   | \$2,550.0 |  |  |  |  |
|---|---|-----------|--|--|--|--|
| Nonpriority Creditor's Name<br>PO Box 8218<br>Mason, OH 45040                           | When was the debt incurred? 2009  |           |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |           |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |           |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |           |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |           |  |  |  |  |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |  |  |  |  |
| debt<br>s the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |  |  |  |  |
| No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |           |  |  |  |  |
| □ Yes   | Other. Specify credit card  |           |  |  |  |  |
| Kohls/Capital One   | Last 4 digits of account number   | \$1,020.0 |  |  |  |  |
| Nonpriority Creditor's Name<br>PO Box 3115<br>Milwaukee, WI 53201-3115                  | When was the debt incurred? 2012  |           |  |  |  |  |
| Number Street City State Zip Code   |   |           |  |  |  |  |
| Who incurred the debt? Check one.   |   |           |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |           |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |           |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |           |  |  |  |  |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |  |  |  |  |
| ☐ Check if this claim is for a community<br>debt  | ☐ Student loans   |           |  |  |  |  |
| s the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |           |  |  |  |  |
| ■ No  | □ Debts to pension or profit-sharing plans, and other similar debts   |           |  |  |  |  |
| ☐ Yes   | Other. Specify credit card  |           |  |  |  |  |
| Sun Trust/GS  | Last 4 digits of account number   | \$4,028.0 |  |  |  |  |
| Nonpriority Creditor's Name 1797 NE Expressway  | When was the debt incurred? 2018  |           |  |  |  |  |
| Atlanta, GA 30329  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |           |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |           |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |           |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |           |  |  |  |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |  |  |  |  |
| debt  | Obligations arising out of a separation agreement or divorce that you did not                                     |           |  |  |  |  |
| s the claim subject to offset?  No  | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts                    |           |  |  |  |  |
| ■ NO  | Lebis to pension or pront-snaring plans, and other similar debis  |           |  |  |  |  |

| SYNCB/Art Van Furniture  | Last 4 digits of account number   | \$1,602.0 |
|--|---|-----------|
| Nonpriority Creditor's Name<br>PO Box 965036<br>Orlando, FL 32896-5036 | When was the debt incurred? 2010  |           |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community debt                          | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |           |
| s the claim subject to offset?   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |           |
| ■ No<br>□ Yes  | Other. Specify  Credit card   |           |
| <b>—</b> 163   | Other: Specify  |           |
| SYNCB/Lowes Nonpriority Creditor's Name                                | Last 4 digits of account number   | \$2,262.0 |
| PO Box 965005<br>Orlando, FL 32896                                     | When was the debt incurred? 2014  |           |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |           |
| debt s the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |           |
| □Yes   | ■ Other. Specify credit card  |           |
|  |   |           |
| SYNCB/MC   | Last 4 digits of account number   | \$355.0   |
| Nonpriority Creditor's Name<br>PO Box 965005<br>Orlando, FL 32896      | When was the debt incurred? 2012  |           |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |           |
| debt<br>s the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |           |
| ☐ Yes  | ■ Other. Specify credit car   |           |

| Debtor                                   | 1 Zena Nist   | tor  | Case number (if known)   |            |                                       |                           |  |  |  |
|--|---|--|--|------------|---------------------------------------|---------------------------|--|--|--|
| 4.1                                      | TBOM/Forti  | h  |  | ¢4.045.00  |                                       |                           |  |  |  |
| 3  | Nonpriority Cre                                       |  | Last 4 digits of account number  |            |                                       | \$4,815.00                |  |  |  |
|  | PO Box 105<br>Atlanta, GA                             | 5555   | When was the debt incurred?  | 2019       |                                       | -                         |  |  |  |
|  |   | City State Zip Code  | As of the date you file, the claim   | is: Check  | k all that apply                      |                           |  |  |  |
|  | Who incurred  | the debt? Check one.   |  |            |                                       |                           |  |  |  |
|  | Debtor 1 on   | ly   | ☐ Contingent   |            |                                       |                           |  |  |  |
|  | Debtor 2 on   | lv   | ☐ Unliquidated   |            |                                       |                           |  |  |  |
|  | Debtor 1 an   | •  | ☐ Disputed   |            |                                       |                           |  |  |  |
|  |   | of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:   |                                       |                           |  |  |  |
|  | _   | is claim is for a community  | Student loans  |            |                                       |                           |  |  |  |
|  | debt  | is claim is for a community  | Obligations arising out of a sepa  | aration ac | greement or divorce that you did not  |                           |  |  |  |
|  | Is the claim su                                       | bject to offset?   | report as priority claims  | a.a.o ag   | greenierit er arveree mat yeu ala net |                           |  |  |  |
|  | ■ No  |  | Debts to pension or profit-sharing   | ng plans,  | and other similar debts               |                           |  |  |  |
|  | ☐ Yes   |  | Other. Specify credit card   |            |                                       | -                         |  |  |  |
| 4.1                                      | THD/CBNA  |  |  |            |                                       | \$5,165.00                |  |  |  |
| 4  | Nonpriority Cree                                      | ditor's Name   | Last 4 digits of account number  |            |                                       | <b>43,103.00</b>          |  |  |  |
|  | PO Box 649  |  | When was the debt incurred?  | 2018       |                                       | -                         |  |  |  |
|  | Number Street   | City State Zip Code the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |            |                                       |                           |  |  |  |
|  | Debtor 1 on   | ly   | ☐ Contingent   |            |                                       |                           |  |  |  |
|  | Debtor 2 on   | ly   | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:   |            |                                       |                           |  |  |  |
|  | Debtor 1 an   | d Debtor 2 only  |  |            |                                       |                           |  |  |  |
|  | _   | of the debtors and another   |  |            |                                       |                           |  |  |  |
| ☐ Check if this claim is for a community |   |  | ☐ Student loans  |            |                                       |                           |  |  |  |
|  | debt  | bject to offset?   | <ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |            |                                       |                           |  |  |  |
|  | ■ No  | •  |  |            |                                       |                           |  |  |  |
|  | ☐ Yes   |  | Other Specify credit card  |            |                                       |                           |  |  |  |
|  | _   |  |  |            |                                       | -                         |  |  |  |
| Part 3:                                  |   | s to Be Notified About a Debt  | •  |            |                                       |                           |  |  |  |
| is tryii<br>have r                       | ng to collect from more than one of the for any debts | m you for a debt you owe to som<br>creditor for any of the debts that y<br>in Parts 1 or 2, do not fill out or |  | n Parts 1  | or 2, then list the collection agenc  | y here. Similarly, if you |  |  |  |
| Part 4:                                  |   | mounts for Each Type of Uns  |  |            |                                       |                           |  |  |  |
|  | the amounts of<br>of unsecured cla                    |  | s. This information is for statistical ı   | eporting   | purposes only. 28 U.S.C. §159. Ad     | d the amounts for each    |  |  |  |
|  |   |  |  |            | Total Claim                           |                           |  |  |  |
|  | Γotal   | Domestic support obligations   |  | 6a.        | \$0.00                                | _                         |  |  |  |
| cla<br>from P                            | aims<br>art 1 6b.                                     | Taxes and certain other debts y  | you owe the government   | 6b.        | \$ 0.00                               |                           |  |  |  |
|  | 6c.   | Claims for death or personal in  | <u> </u>   | 6c.        | \$ 0.00                               | _                         |  |  |  |
|  | 6d.   | Other. Add all other priority unsec  | cured claims. Write that amount here.  | 6d.        | \$ 0.00                               | _                         |  |  |  |
|  | 6e.   | Total Priority. Add lines 6a throu   | gh 6d.   | 6e.        | \$0.00                                | _                         |  |  |  |
|  |   |  |  |            | Total Old                             |                           |  |  |  |
|  | 6f.   | Student loans  |  | 6f.        | Total Claim \$ 0.00                   |                           |  |  |  |
|  | Γotal   |  |  |            | ·                                     | _                         |  |  |  |
| cla<br>from P                            | aims<br>art 2 6g.                                     | Obligations arising out of a ser   | paration agreement or divorce that   |            |                                       |                           |  |  |  |
| 0.111                                    |   | you did not report as priority cl  | aims   | 6g.        | \$0.00                                | _                         |  |  |  |
|  | 6h.   | Debts to pension or profit-shar  | ing plans, and other similar debts   | 6h.        | \$ 0.00                               |                           |  |  |  |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 7

Debtor 1 Zena Nistor

Case number (if known)

Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. 39,080.92

Total Nonpriority. Add lines 6f through 6i.

6j. 39,080.92

| Fill in this infor  |                          |                    |             |  |                                    |
|---------------------|--------------------------|--------------------|-------------|--|------------------------------------|
| Debtor 1            | Zena Nistor              |                    |             |  |                                    |
|                     | First Name               | Middle Name        | Last Name   |  |                                    |
| Debtor 2            |                          |                    |             |  |                                    |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |  |                                    |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | PF MICHIGAN |  |                                    |
| Case number _       |                          |                    |             |  | Check if this is an amended filing |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.2 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     |   |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.3 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            | <u>—</u>                                |
| 2.4 | <u> </u>  |                              | 0.0.0   |                     |   |
|     | Name      |                              |   |                     | _                                       |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.5 | Jily .    |                              | Olato   | 211 0000            |   |
| -   | Name      |                              |   |                     | _                                       |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            |   |

| Fill in thi               | is information                   | to identify your                        | case:                        |   |   |
|---------------------------|----------------------------------|---|------------------------------|---|---|
| Debtor 1                  | Ze                               | na Nistor                               |                              |   |   |
|                           |                                  | Name                                    | Middle Name                  | Last Name   |   |
| Debtor 2<br>(Spouse if, f |                                  | Name                                    | Middle Name                  | Last Name   |   |
|                           | <b>.</b>                         |   |                              |   |   |
| United St                 | tates Bankrupto                  | cy Court for the:                       | EASTERN DISTRICT             | OF MICHIGAN                                       |   |
| Case nur                  | mber                             |   |                              |   |   |
| (if known)                |                                  |   |                              |   | ☐ Check if this is an   |
|                           |                                  |   |                              |   | amended filing  |
| Officia                   | al Form <sup>2</sup>             | 106H                                    |                              |   |   |
|                           |                                  | Your Cod                                | ahtars                       |   | 12/15   |
| SCITE                     | duie II.                         | Tour Cou                                | CDIOI 3                      |   | 12/13   |
| people ar                 | re filing togeth<br>and number t | er, both are equ<br>he entries in the   | ally responsible for sup     | plying correct information the Additional Page to | complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write          |
| 1. Do                     | o you have an                    | y codebtors? (If                        | you are filing a joint case, | , do not list either spouse a                     | s a codebtor.   |
| ■ No                      | 0                                |   |                              |   |   |
| □ Ye                      | es                               |   |                              |   |   |
| 2 W                       | ithin the last 9                 | vears have you                          | lived in a community n       | roperty state or territory                        | ? (Community property states and territories include  |
|                           |                                  |   |                              | uerto Rico, Texas, Washing                        |   |
|                           |                                  |   |                              |   |   |
|                           | o. Go to line 3.                 |   |                              |   |   |
| □ Ye                      | es. Did your sp                  | ouse, former spor                       | use, or legal equivalent liv | ve with you at the time?                          |   |
|                           |                                  |   |                              |   |   |
|                           | □ No                             |   |                              |   |   |
|                           | ☐ Yes.                           |   |                              |   |   |
|                           | In whic                          | h community state                       | e or territory did you live? |   | . Fill in the name and current address of that person.  |
|                           |                                  |   | , ,                          |   |   |
|                           | City                             |   | State                        | Zip Code  |   |
| in lir<br>Forn            | ne 2 again as a                  | n codebtor only i<br>dule E/F (Official | f that person is a guara     | ntor or cosigner. Make ຣເ                         | your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                           |                                  | treet, City, State and Z                | P Code                       |   | Check all schedules that apply:   |
| 3.1                       |                                  |   |                              |   | ☐ Schedule D, line  |
|                           | Name                             |   |                              |   | ☐ Schedule E/F, line  |
|                           |                                  |   |                              |   | ☐ Schedule G, line  |
|                           | Number                           | Street                                  |                              |   |   |
|                           | City                             |   | State                        | ZIP Code  |   |
|                           |                                  |   |                              |   |   |
| 3.2                       | Name                             |   |                              |   | Schedule D, line  |
|                           | Name                             |   |                              |   | ☐ Schedule E/F, line  |
|                           |                                  |   |                              |   | ☐ Schedule G, line  |
|                           | Number                           | Street                                  |                              |   |   |
|                           | City                             |   | State                        | ZIP Code  |   |

| Fill       | in this information t                      | o identify your case:  |  |  |
|------------|--|--|--|--|
| Deb        | otor 1                                     | Zena Nistor  |  |  |
|            | otor 2<br>buse, if filing)                 |  |  |  |
| Uni        | ted States Bankrup                         | tcy Court for the: EASTERN DISTRICT  | OF MICHIGAN  |  |
|            | se number                                  |  |  | Check if this is:  An amended filing  A supplement showing postpetition chapter  |
|            | fficial Form                               |  |  | 13 income as of the following date:  MM / DD/ YYYY   |
| S          | chedule I:                                 | Your Income  |  | 12/15  |
| sup<br>spo | plying correct info<br>use. If you are sep | rmation. If you are married and not filin<br>parated and your spouse is not filing wit | g jointly, and your spouse is living was to be in the second of the second include information at the second in th | Debtor 2), both are equally responsible for with you, include information about your bout your spouse. If more space is needed, se number (if known). Answer every question. |
| Par        | t 1: Describe                              | e Employment   |  |  |
| 1.         | Fill in your emplinformation.              | oyment   | Debtor 1   | Debtor 2 or non-filing spouse  |

Occupation may include student or homemaker, if it applies.

Employer's address 22245 Brywood Court Clinton Township, MI 48036

How long employed there? 1 year 29038 W 9 Mile Rd Farmington, MI 48336

■ Employed

■ Not employed

Home healthcare provider

Closer to the Heart, LLC

**Employment status** 

**Employer's name** 

Occupation

Employed

Laborer

■ Not employed

Stone for You Inc

If you have more than one job,

Include part-time, seasonal, or

**Give Details About Monthly Income** 

self-employed work.

attach a separate page with

information about additional

employers.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 499.30 4,333.33 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 499.30 4,333.33

|         |   |   |                                       | F          | or Debtor 1   |      | or Debtor |      |                 |              |
|---------|---|---|---------------------------------------|------------|---------------|------|-----------|------|-----------------|--------------|
|         | Сору  | line 4 here   | 4.                                    | \$         | 499.30        | \$   |           |      | 3.33            |              |
| =       | Liete   | Ill payroll deductions  |                                       | •          |               |      |           |      |                 |              |
| ο.      |   | Ill payroll deductions:   |                                       | Φ.         |               | Φ.   |           |      |                 |              |
|         | 5a.   | Tax, Medicare, and Social Security deductions   | 5a.                                   |            | 38.20         | \$   |           |      | 0.00            |              |
|         | 5b.   | Mandatory contributions for retirement plans  | 5b.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 5c.   | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | · · · · · · · · · · · · · · · · · · · |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 5d.   |   | 5d.                                   | 1.         | 0.00          | \$   |           |      | 0.00            |              |
|         | 5e.   | Insurance  Demostic cumpert chliquitiens  | 5e.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 5f.   | Domestic support obligations  | 5f.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 5g.<br>5h.  | Union dues Other deductions. Specify:   | 5g.<br>5h.                            |            | 0.00          |      |           |      | 0.00            |              |
| 3       |   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _ 511.<br>6.                          | .+ э<br>\$ | 0.00<br>38.20 | + \$ |           |      | 0.00            |              |
| J.<br>7 |   |   |                                       |            |               |      |           |      |                 |              |
| 7.      |   | late total monthly take-home pay. Subtract line 6 from line 4.  | 7.                                    | \$         | 461.10        | \$   | 4         | ,33. | 3.33            |              |
| 5.      | 8a.   | Ill other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.                                   | . \$       | 0.00          | \$   |           | 4    | 0.00            |              |
|         | 8b.   | Interest and dividends  | 8b.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 8c.   | Family support payments that you, a non-filing spouse, or a dependent   | ob.                                   | . Ф        | 0.00          | Ψ    |           |      | 0.00            |              |
|         |   | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.                                   | \$         | 209.00        | \$   |           |      | 0.00            |              |
|         | 8d.   | Unemployment compensation   | 8d.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 8e.   | Social Security   | 8e.                                   |            | 0.00          | \$   |           |      | 0.00            |              |
|         | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.                                   | \$         | 0.00          | \$   |           |      | 0.00            |              |
|         | 8g.   | Pension or retirement income  | 8g.                                   | . \$       | 0.00          | \$   |           | (    | 0.00            |              |
|         | 8h.   | Other monthly income. Specify:  | _ 8h.                                 | + \$       | 0.00          | + \$ |           | (    | 0.00            |              |
| 9.      | Add a   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                                    | \$_        | 209.00        | \$   |           |      | 0.00            |              |
| 10.     |   | alate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.                                   | \$         | 670.10 + \$   | 4    | 1,333.33  | = :  | \$              | 5,003.43     |
| 11.     | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |                                       |            |               |      |           |      |                 |              |
| 12.     |   | the amount in the last column of line 10 to the amount in line 11. The residual that amount on the Summary of Schedules and Statistical Summary of Certaines  |                                       |            |               |      |           | \$   |                 | 5,003.43     |
| 13.     | Do yo   | ou expect an increase or decrease within the year after you file this form  | ?                                     |            |               |      |           |      | mbine<br>onthly | ed<br>income |
|         |   | No.   |                                       |            |               |      |           |      |                 |              |
|         |   | Yes. Explain:   |                                       |            |               |      |           |      |                 |              |

Case number (if known)

| FIII | in this informa                 | tion to identify yo                    | our case:      |   |   |                 |   |   |
|------|---------------------------------|--|----------------|---|---|-----------------|---|---|
|      | tor 1                           | Zena Nistor                            | our 6000.      |   |   |                 | k if this is:   |   |
|      | otor 2<br>ouse, if filing)      |  |                |   |   |                 | An amended filing<br>A supplement shov<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bankr                 | ruptcy Court for the                   | : EASTE        | RN DISTRICT OF MICHI  | GAN                                     | <u> </u>        | MM / DD / YYYY  |   |
|      | e number<br>nown)               |  |                |   |   |                 |   |   |
| Of   | fficial Fo                      | rm 106J                                |                |   |   | •               |   |   |
|      |                                 | J: Your                                |                |   | <u> </u>                                |                 |   | 12/15   |
| info | ormation. If m                  |  | eded, atta     | . If two married people a<br>ch another sheet to this<br>n. |   |                 |   |   |
| Par  |                                 | ibe Your House                         | hold           |   |   |                 |   |   |
| 1.   | Is this a joir  No. Go to       |  |                |   |   |                 |   |   |
|      | _                               |  | in a separ     | ate household?  |   |                 |   |   |
|      | □ N                             | 0                                      | ·              |   |   |                 |   |   |
|      | □ Y                             | es. Debtor 2 mus                       | st file Offici | al Form 106J-2, <i>Expense</i>                              | s for Separate House                    | ehold of Debte  | or 2.   |   |
| 2.   | Do you have                     | e dependents?                          | □ No           |   |   |                 |   |   |
|      | Do not list Do<br>Debtor 2.     | ebtor 1 and                            | Yes.           | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debto |                 | Dependent's age   | Does dependent live with you?                 |
|      | Do not state                    | the                                    |                |   |   |                 |   | □ No  |
|      | dependents                      | names.                                 |                |   | Son                                     |                 | 7   | Yes   |
|      |                                 |  |                |   | Daughter                                |                 | 16  | □ No<br>■ Yes                                 |
|      |                                 |  |                |   |   |                 |   | ■ res<br>□ No                                 |
|      |                                 |  |                |   |   |                 |   | ☐ Yes   |
|      |                                 |  |                |   |   |                 |   | □ No  |
| 3.   | Do your eyr                     | enses include                          | _              |   |   |                 |   | ☐ Yes   |
| Э.   | expenses of                     | f people other to<br>d your depende    | han 👝          | No<br>Yes   |   |                 |   |   |
| Par  |                                 | ate Your Ongoi                         |                |   |   |                 |   |   |
| exp  |                                 |  |                | uptcy filing date unless<br>y is filed. If this is a sup    |   |                 |   |   |
|      |                                 |  |                | government assistance                                       |   |                 |   |   |
|      | value of such<br>ficial Form 10 |  | d have inc     | cluded it on Schedule I:                                    | Your Income                             |                 | Your expe   | enses   |
| 4.   |                                 | or home owners<br>and any rent for the |                | ses for your residence.<br>or lot.                          | Include first mortgage                  | e<br>4. \$      |   | 1,952.42                                      |
|      | If not includ                   | led in line 4:                         |                |   |   |                 |   |   |
|      | 4a. Real e                      | estate taxes                           |                |   |   | 4a. \$          |   | 0.00  |
|      |                                 | rty, homeowner's                       | s, or renter   | 's insurance  |   | 4b. \$          |   | 0.00  |
|      |                                 |  | •              | upkeep expenses   |   | 4c. \$          |   | 100.00  |
| 5.   |                                 | owner's associat<br>nortgage pavme     |                | dominium dues<br>o <b>ur residence,</b> such as ho          | ome equity loans                        | 4d. \$<br>5. \$ | -   | 0.00  |
| ٥.   |                                 |  |                |   |   | σ. ψ            |   | 0.00  |

| Debtor 1  Zena Nistor First Name Middle Name Last Name United States Bankruptcy Court for the:  EASTERN DISTRICT OF MICHIGAN  Case number (if known)  Cfficial Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filling together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice   | Fill in this      | information to identify your  | case:                      |                             |                         |                       |  |
|--|-------------------|---|----------------------------|-----------------------------|-------------------------|-----------------------|--|
| Debtor 2 (Spouse If, Illing)  Debtor 2 (Spouse If, Illing)  First Name  Middle Name  Last Name  United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN  Case number (If known)  Check if this is an amended filling  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filling together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /S/ Zena Nistor  Zena Nistor  Signature of Debtor 2 |                   |   |                            |                             |                         |                       |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN    Case number (If known)   | Deptor I          |   | Middle Name                | Last Name                   | <del></del>             |                       |  |
| United States Bankruptcy Court for the:  EASTERN DISTRICT OF MICHIGAN  Case number (If known)  Check if this is an amended filing  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Zena Nistor Zena Nistor Signature of Debtor 1   | Debtor 2          |   |                            |                             |                         |                       |  |
| Case number (If known)    Check if this is an amended filing   | (Spouse if, filin | g) First Name   | Middle Name                | Last Name                   |                         |                       |  |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X Isl Zena Nistor Signature of Debtor 1  | United Stat       | tes Bankruptcy Court for the:   | EASTERN DISTRICT O         | F MICHIGAN                  |                         |                       |  |
| Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Zena Nistor  Zena Nistor  Signature of Debtor 1  |                   | per   |                            |                             |                         | ☐ Check if this is an |  |
| Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Zena Nistor Zena Nistor Signature of Debtor 1  |                   |   |                            |                             |                         | amended filing        |  |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X //SI Zena Nistor  Zena Nistor  Signature of Debtor 1  |                   |   |                            |                             |                         | 12/15                 |  |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X  Isl Zena Nistor  Signature of Debtor 1   | lf two marri      | ied people are filing together  | r, both are equally respor | nsible for supplying corre  | ect information.        |                       |  |
| ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Zena Nistor Signature of Debtor 1 Signature of Debtor 2   | obtaining n       | noney or property by fraud in oth. 18 U.S.C. §§ 152, 1341, 1  | n connection with a bank   |                             |                         |                       |  |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Zena Nistor  Zena Nistor  Signature of Debtor 1   | Did yo            | ou pay or agree to pay some   | one who is NOT an attor    | ney to help you fill out ba | nkruptcy forms?         |                       |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Zena Nistor Zena Nistor Signature of Debtor 1  Declaration, and Signature (Official Form 11  X  Signature of Debtor 2  | <b>I</b>          | No  |                            |                             |                         |                       |  |
| that they are true and correct.  X /s/ Zena Nistor Zena Nistor Signature of Debtor 1  X Signature of Debtor 2  |                   | Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |                            |                             |                         |                       |  |
| Zena Nistor Signature of Debtor 2 Signature of Debtor 1  |                   |   | that I have read the sumi  | mary and schedules filed    | with this declaration a | nd                    |  |
| Signature of Debtor 1  | X /s              | / Zena Nistor   |                            | X                           |                         |                       |  |
| Date <b>June 13, 2019</b> Date   |                   |   |                            | Signature of D              | Pebtor 2                |                       |  |
|  | Da                | ate _June 13, 2019  |                            | Date                        |                         |                       |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fil                                  | I in this information to identify you  | ır case:   |   |  |                                      |  |  |
|--------------------------------------|--|--|---|--|--------------------------------------|--|--|
| De                                   | btor 1 Zena Nistor   |  |   |  |                                      |  |  |
| De                                   | First Name   | Middle Name  | Last Name   |  |                                      |  |  |
| 1 -                                  | ouse if, filing) First Name  | Middle Name  | Last Name   |  |                                      |  |  |
| Un                                   | ited States Bankruptcy Court for the:  | EASTERN DISTRICT OF  | MICHIGAN  |  |                                      |  |  |
| Case number (if known)               |  |  |   |  | ☐ Check if this is an amended filing |  |  |
|                                      | fficial Form 107<br>atement of Financial   | Affairs for Indivic  | duals Filing for B  | ankruptcy  | 4/19                                 |  |  |
| info                                 | as complete and accurate as poss<br>ormation. If more space is needed<br>nber (if known). Answer every que   | , attach a separate sheet to   |   |  |                                      |  |  |
| Pa                                   | rt 1: Give Details About Your M  | arital Status and Where You  | Lived Before  |  |                                      |  |  |
| 1.                                   | What is your current marital state   | us?  |   |  |                                      |  |  |
|                                      | <ul><li>Married</li><li>Not married</li></ul>  |  |   |  |                                      |  |  |
| 2.                                   | During the last 3 years, have you  | lived anywhere other than v  | where you live now?   |  |                                      |  |  |
|                                      | □ No   |  |   |  |                                      |  |  |
|                                      | Yes. List all of the places you  | lived in the last 3 years. Do no   | ot include where you live now   | <i>I</i> .   |                                      |  |  |
|                                      | Debtor 1 Prior Address:  | Dates Debtor 1<br>lived there  | Debtor 2 Prior Ac   | ldress:  | Dates Debtor 2<br>lived there        |  |  |
|                                      | 36600 Jackman Dr<br>Sterling Heights, MI 48312   | From-To: <b>2017</b>   | ☐ Same as Debtor  | 1  | ☐ Same as Debtor 1 From-To:          |  |  |
|                                      | Within the last 8 years, did you etes and territories include Arizona, Call No  No  Yes. Make sure you fill out Sort 2  Explain the Sources of You Did you have any income from early in the total amount of income you fiyou are filling a joint case and you No  No  Yes. Fill in the details. | alifornia, Idaho, Louisiana, New<br>chedule H: Your Codebtors (Of<br>ur Income<br>mployment or from operating<br>ou received from all jobs and a | vada, New Mexico, Puerto R ificial Form 106H).  g a business during this yould businesses, including part | ear or the two previous caled the determinant of the two previous caled the determinant of the determinant o | Wisconsin.)                          |  |  |
|                                      |  | Check all that apply.  | (before deductions and  | Check all that apply.  | (before deductions                   |  |  |
| From January 1 of current year until |  | ■ Wages, commissions,  | exclusions) <b>\$2,496.50</b>   | ☐ Wages, commissions,  | and exclusions)                      |  |  |
| the                                  | e date you filed for bankruptcy:   | bonuses, tips  |   | bonuses, tips  |                                      |  |  |
|                                      |  | ☐ Operating a business   |   | Operating a business   |                                      |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| Debtor 1 Zer   | na Nistor                                  |   | Case   | e number (if known)                        |   |
|--|--|---|--|--|---|
|  |  |   |  |  |   |
|  |  | Debtor 1  |  | Debtor 2                                   |   |
|  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2018)  |  | ■ Wages, commissions, bonuses, tips   | \$17,597.30  | ☐ Wages, commissions, bonuses, tips        |   |
|  |  | ☐ Operating a business  |  | ☐ Operating a business                     |   |
|  | lar year before that<br>December 31, 2017  |   | \$27,956.00  | ☐ Wages, commissions, bonuses, tips        |   |
|  |  | Operating a business  |  | ☐ Operating a business                     |   |
| List each s  | , , ,                                      | at case and you have income that income from each source separa   | ,  | •  |   |
|  |  | Debtor 1  |  | Debtor 2                                   |   |
|  |  | Sources of income Describe below.   | Gross income from each source (before deductions and exclusions) | Sources of income Describe below.          | Gross income<br>(before deductions<br>and exclusions) |
|  | 1 of current year ເ<br>iled for bankruptcy |   | \$1,254.00   |  |   |
| For last calend<br>(January 1 to l   | dar year:<br>December 31, 2018             | Child Support   | \$2,508.00   |  |   |
|  | lar year before that<br>December 31, 2017  |   | \$2,508.00   |  |   |
| Part 3: List   | Certain Payments                           | You Made Before You Filed for   | Bankruntev   |  |   |
|  | Debtor 1's or Debt<br>Neither Debtor 1 r   | tor 2's debts primarily consume<br>nor Debtor 2 has primarily cons<br>for a personal, family, or househo  | er debts?<br>umer debts. Consumer debts                          | s are defined in 11 U.S.C. § 7             | 101(8) as "incurred by an                             |
|  | <b>–</b> ~ <i>'</i>                        | before you filed for bankruptcy, d  | lid you pay any creditor a tota                                  | of \$6,825* or more?                       |   |
|  | _  |   | id a total of CC COE* or mara i                                  |  | I the total amount you                                |
|  | paid th<br>not inc                         | low each creditor to whom you pa<br>at creditor. Do not include payme<br>lude payments to an attorney for t<br>ment on 4/01/22 and every 3 year | nts for domestic support oblig this bankruptcy case.             | ations, such as child suppor               | t and alimony. Also, do                               |
| Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.<br>During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |  |   |  |  |   |
|  | □ No. Go to I                              | ine 7.  |  |  |   |
|  | ■ Yes List be include                      | low each creditor to whom you page payments for domestic support cay for this bankruptcy case.  |  |  |   |
|  |  |   |  |  |   |

**Creditor's Name and Address** 

Dates of payment

Total amount Amount you paid

still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Case number (if known)

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Official Form 107

Debtor 1

**Zena Nistor** 

| Deb | otor 1 Zena  | Nistor  |                          | Case number  | (if known)                        |                              |  |  |
|-----|--|---|--------------------------|--|-----------------------------------|------------------------------|--|--|
|     |  |   |                          |  |                                   |                              |  |  |
| Par | t 5: List Ce   | rtain Gifts and Contribution  | าร                       |  |                                   |                              |  |  |
| 13. | ■ No   | s before you filed for banki  | ruptcy, c                | lid you give any gifts with a total value of more  | than \$600 per person             | ?                            |  |  |
|     |  | total value of more than \$60   | 00                       | Describe the gifts   | Dates you gave the gifts          | Value                        |  |  |
|     | Person to W<br>Address:  | hom You Gave the Gift and   | ı                        |  |                                   |                              |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No |   |                          |  |                                   |                              |  |  |
|     |  | in the details for each gift or o   | contributi               | on.  |                                   |                              |  |  |
|     | Gifts or cont<br>more than \$<br>Charity's Na  | tributions to charities that 600  | total                    | Describe what you contributed  | Dates you contributed             | Value                        |  |  |
| Par | t 6: List Ce   | rtain Losses  |                          |  |                                   |                              |  |  |
|     | or gambling? ■ No □ Yes. Fill  | in the details.   | <b>Descri</b><br>Include | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property.   | Date of your loss                 | Value of property lost       |  |  |
| Par | Liet Co  | rtain Payments or Transfer  |                          |  |                                   |                              |  |  |
|     | consulted ab Include any at   No Yes. Fill   | tout seeking bankruptcy or torneys, bankruptcy petition partition in the details. | preparir                 | s, or credit counseling agencies for services require  | ed in your bankruptcy.            |                              |  |  |
|     |  | o was Paid<br>bsite address<br>o Made the Payment, if Not \                       | You                      | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment            |  |  |
|     | Hensel Lav<br>36250 Dequ<br>Sterling He  | v Office, PLLC<br>uindre Rd., Ste. 410<br>sights, MI 48310<br>ellawoffice.com     |                          | Attorney Fees  | June 2019                         | \$400.00                     |  |  |
|     | DebtorCC,  | Inc   |                          | Credit Counseling Fee  | June 2019                         | \$14.95                      |  |  |
| 17. | promised to Do not include  No   | help you deal with your cre<br>e any payment or transfer tha<br>in the details.   | ditors o                 | d you or anyone else acting on your behalf pay r to make payments to your creditors? ed on line 16.  Description and value of any property | or transfer any prope             | rty to anyone who  Amount of |  |  |
|     | Address  |   |                          | transferred  | or transfer was                   | payment                      |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|      | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers ma include gifts and transfers that you have already No  | siness or financial afforder as security (such as                 | airs?<br>the granting of a se |            |   |   |
|------|--|---|-------------------------------|------------|---|---|
|      | Yes. Fill in the details.  |   |                               |            |   |   |
|      | Person Who Received Transfer<br>Address  | Description and property transfer                                 |                               | paymo      | ibe any property or<br>ents received or debts<br>n exchange | Date transfer was made                        |
|      | Person's relationship to you   |   |                               |            |   |   |
|      | unknown third party  | 2007 Ford Tuar  | us, \$1400                    | \$1400     | 0   | April 2018                                    |
|      | none   |   |                               |            |   |   |
|      | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prod No ☐ Yes. Fill in the details.   |   | ny property to a so           | elf-settle | d trust or similar device                                   | of which you are a                            |
|      | Name of trust  | Description and   | value of the prope            | erty trans | sferred   | Date Transfer was made                        |
| Part | 8: List of Certain Financial Accounts, Ins   | truments. Safe Denosi   | it Boxes, and Stor            | age Unit   | ·s  |   |
|      | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |   |                               |            |   |   |
|      | □ No ■ Yes. Fill in the details.   |   |                               |            |   |   |
|      |  | Lant Aultoite of  | T (                           |            | D-1   | Last balanca                                  |
|      | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of Type of account number instrument                |                               | t or       | Date account was closed, sold, moved, or transferred        | Last balance<br>before closing or<br>transfer |
|      | Bank of America  | XXXX-   | Checking                      |            | April 2018  | \$0.00  |
|      | P.O. Box 17054   |   | ☐ Savings                     |            | •   |   |
|      | Wilmington, DE 19884   |   | ☐ Money Marke                 | ket        |   |   |
|      |  |   | ☐ Brokerage                   |            |   |   |
|      |  |   | ☐ Other                       |            |   |   |
|      | Do you now have, or did you have within 1 y cash, or other valuables?  No Yes. Fill in the details.  | ·   |                               | ·          | ·   | ,   |
|      | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)     |                               | escribe    | the contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |   |                               |            |   |   |
|      | ■ No   |   |                               |            |   |   |
|      | Yes. Fill in the details.  |   |                               |            |   |   |
|      | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number, State and ZIP Code) |                               | escribe    | the contents  | Do you still have it?                         |

Case number (if known)

Official Form 107

Debtor 1 Zena Nistor

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Zena Nistor Case number (if known)

| Par | rt 9: Identify Property You Hold or Control for S  | omeone Else  |        |                                     |                       |  |  |
|-----|--|--|--------|-------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.           |  |        |                                     |                       |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |        |                                     |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)          | De     | scribe the property                 | Value                 |  |  |
| Par | rt 10: Give Details About Environmental Informat   | ion  |        |                                     |                       |  |  |
| For | the purpose of Part 10, the following definitions a  | pply:  |        |                                     |                       |  |  |
|     | Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, groun   | _      | •                                   |                       |  |  |
|     | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s   |  | law,   | whether you now own, operate, o     | or utilize it or used |  |  |
|     | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si  | nental law defines as a hazardou   | s wa   | ste, hazardous substance, toxic s   | ubstance,             |  |  |
| Rep | port all notices, releases, and proceedings that you   | ı know about, regardless of whe  | n the  | ey occurred.                        |                       |  |  |
| 24. | Has any governmental unit notified you that you  | may be liable or potentially liable  | e und  | der or in violation of an environme | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |        |                                     |                       |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)        | nd     | Environmental law, if you know it   | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any r   | elease of hazardous material?  |        |                                     |                       |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |        |                                     |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)        | nd     | Environmental law, if you know it   | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or administ  | rative proceeding under any env  | /ironi | mental law? Include settlements a   | and orders.           |  |  |
|     | No Yes. Fill in the details.   |  |        |                                     |                       |  |  |
|     | Case Title<br>Case Number  | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Na     | ture of the case                    | Status of the case    |  |  |
| Par | rt 11: Give Details About Your Business or Conn  | ections to Any Business  |        |                                     |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy, di   | d you own a business or have a   | ny of  | the following connections to any    | business?             |  |  |
|     | ☐ A sole proprietor or self-employed in a tra  | er full-time or part-time  |        |                                     |                       |  |  |
|     | ☐ A member of a limited liability company (  | LLC) or limited liability partnersl  | hip (L | LP)                                 |                       |  |  |
|     | ☐ A partner in a partnership   |  |        |                                     |                       |  |  |
|     | ☐ An officer, director, or managing executiv   | •  |        |                                     |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or e   | equity securities of a corporation   | 1      |                                     |                       |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| Case number (if known)  |
|---|
|   |
|   |
| pelow for each business.  |
| nature of the business Employer Identification number   |
| Do not include Social Security number or ITIN.  |
| untant or bookkeeper Dates business existed   |
|   |
| e a financial statement to anyone about your business? Include all financial  |
|   |
|   |
|   |
|   |
|   |
|   |
| and any attachments, and I declare under penalty of perjury that the answers<br>t, concealing property, or obtaining money or property by fraud in connection |
| prisonment for up to 20 years, or both.   |
|   |
|   |
| ature of Debtor 2   |
|   |
|   |
| Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
|   |
|   |
| help you fill out bankruptcy forms?   |
| annual Nation Deployation and Compating (Official Form 440)   |
| eparer's Notice, Declaration, and Signature (Official Form 119).  |
| a it in   |

## United States Bankruptcy Court Eastern District of Michigan

| In 40   | Zena Nistor  |  | Cose No   |                                     |  |  |  |
|---------|--|--|---|-------------------------------------|--|--|--|
| In re   | Zeria Nistor   | Debtor(s)  | Case No.<br>Chapter   | 7                                   |  |  |  |
|         |  |  |   |                                     |  |  |  |
|         |  | STATEMENT OF ATTORNEY FOR D<br>PURSUANT TO F.R.BANKR.P. 20   |   |                                     |  |  |  |
|         | The undersigned, pursuant to F.R.E   | ankr.P. 2016(b), states that:  |   |                                     |  |  |  |
| l.      | The undersigned is the attorney for  | the Debtor(s) in this case.  |   |                                     |  |  |  |
| 2.      | The compensation paid or agreed to [X] FLAT FEE  | be paid by the Debtor(s) to the undersigned  | is: [Check one]   |                                     |  |  |  |
|         | A. For legal services render   | ed in contemplation of and in connection with  |   | 900.00                              |  |  |  |
|         | B. Prior to filing this staten   | ent, received  |   | 400.00                              |  |  |  |
|         | <del>-</del>   | and payable is   |   | 500.00                              |  |  |  |
|         | [ ] RETAINER   |  |   |                                     |  |  |  |
|         |  | ved  | <u> </u>  |                                     |  |  |  |
|         |  | Il against the retainer at an hourly rate of \$<br>pproved fees and expenses exceeding the am-   |   | urly rate schedule.] Debtor(s) have |  |  |  |
| 3.      | \$ of the filing fee has been  | en paid.   |   |                                     |  |  |  |
| 1.      | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.] |  |   |                                     |  |  |  |
|         | A. Analysis of the debtor's f bankruptcy;  | nancial situation, and rendering advice to the   | debtor in determining   | whether to file a petition in       |  |  |  |
|         | C. Representation of the deb   | any petition, schedules, statement of affairs a<br>tor at the meeting of creditors and confirmati<br>tor in adversary proceedings and other contex | on hearing, and any adj   | journed hearings thereof;           |  |  |  |
|         | E. Reaffirmations;   | tor in adversary proceedings and other contest   | sted bankruptey matters   | <del>,</del>                        |  |  |  |
|         | F. Redemptions;  |  |   |                                     |  |  |  |
|         |  | ured creditors to reduce to market val   | ue; exemption plan  | ning; preparation and filing of     |  |  |  |
| 5.      |  | e above-disclosed fee does not include the fo<br>debtors in any dischargeability action<br>J.  |   | dances, or any other                |  |  |  |
| б.      |  | rsigned was from: (s)' earnings, wages, compensation for service describe, including the identity of payor)  | es performed  |                                     |  |  |  |
| 7.      | <del></del>  | agreed to share, with any other person, other  | than with members of the  | he undersigned's law firm or        |  |  |  |
| Dated:  | June 13, 2019  |  | /s/ Thomas M. Hens  | ·                                   |  |  |  |
|         |  |  | Attorney for the Debto<br>Thomas M. Hensel,<br>Hensel Law Office,<br>36250 Dequindre Ro<br>Sterling Heights, M<br>(586) 939-4800 tome | Jr. P60469<br>PLLC<br>d., Ste. 410  |  |  |  |
| Agreed: | /s/ Zena Nistor  |  |   |                                     |  |  |  |
| -       | Zena Nistor  |  |   |                                     |  |  |  |
|         | Debtor   |  | Debtor  |                                     |  |  |  |

### Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **United States Bankruptcy Court Eastern District of Michigan**

| In re  | Zena Nistor    |                        | Case No. |                       |
|--------|----------------|------------------------|----------|-----------------------|
|        |                | Debtor(s)              | Chapter  | 7                     |
| The ab |                | RIFICATION OF CREDITOR |          | of his/her knowledge. |
| Data   | June 13, 2019  | /s/ Zena Nistor        |          | -                     |
| Date:  | Julie 13, 2019 | Zena Nistor            |          |                       |
|        |                | Signature of Debtor    |          |                       |

Bank of America PO Box 982238 El Paso, TX 79998

CBNA PO Box 6497 Sioux Falls, SD 57117

Chrysler Capital PO Box 961275 Fort Worth, TX 76161

Citicards CBNA PO Box 6241 Sioux Falls, SD 57117

Comcast Cable PO Box 7500 Southeastern, PA 19398-7500

Comenity Capital/Gardner White PO Box 182120 Columbus, OH 43218-2120

DSNB/Macys PO Box 8218 Mason, OH 45040

Kohls/Capital One PO Box 3115 Milwaukee, WI 53201-3115

Sun Trust/GS 1797 NE Expressway Atlanta, GA 30329

SYNCB/Art Van Furniture PO Box 965036 Orlando, FL 32896-5036

SYNCB/Lowes PO Box 965005 Orlando, FL 32896 SYNCB/MC PO Box 965005 Orlando, FL 32896

TBOM/Fortiva PO Box 105555 Atlanta, GA 30348

THD/CBNA PO Box 6497 Sioux Falls, SD 57117-6497

Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306